Name in Full

Certificate of Death

96

Ann Eliza Bean

Died at Town: Solomons County: Calvert MARYLAND

Date 189 9 Month: Sept Day: 21 | Age: about Y. 25 M. D. | Native of: Calvert | Occupation: Housekeeper

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: 3

~~Husband~~ Wife of John R. Bean

Father's Name: Richard Sorel Mother's Neme: Charity Gross

Cause of Death — Primary: [illegible] 22a — How long sick: 4 Months

Immediate: Phthisis Pulmonalis. — Accident, Suicide, Homicide

Reported by Jos L. Tucker Undertaker

Address Bertha or Cove Point Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. Huggins, in early stage of disease - was not present at death

of Bertha Calvert Co Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from Husband of deceased

of Solomons Calvert Co. Md

Name in Full Rosa Brooks

Certificate of Death 91

Died at Town Mulnix County Calvert MARYLAND

Date 189 4 Month Sept Day 6

Age Y. 13 M. — D.

Native of Calvert

Occupation Child.

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Jack Jim Brooks

Mother's Name Veronica Parker

Cause of Death { Primary Meningitis - cerebral

Immediate Summoned 72

How long sick 4 weeks.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by P. Brison M.D.

Address Mutual, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79R96

Name in Full

Certificate of Death 106

Ezral Sylvester Humphreys.

Died at Town: Cove Point County: Calvert Co MARYLAND

Date 1899 Month: Sept Day: 7 | Age Y.: 7 M.: D.: | Native of: Calvert | Occupation:

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | Divorced / ~~Number of children living~~

Husband / Wife of

Father's Name: Joshua Humphreys | Mother's Name: Annie C. Denton

Cause of Death — Primary: Remittent Fever | How long sick: 10 days.

Immediate: Exaustion due to bldg Palate | ~~Accident~~, Suicide, Homicide

Reported by: Jas L. Tucker Undertaker

Address: Cove Point or Benton P. O.

Must be signed by physician, if any in attandance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. John S. Dorsey

of Bertha Calvert Co

Seen by Coroner we have no coroner

of

Information contained in this certificate received

from Father of deceased

of Cove Point Calvert Co

Name in Full

Certificate of Death

85

Rachael A. Johnson

Died at Town: Cove Point County: Calvert MARYLAND

Date 189 Month: Sept Day: 6 | Age Y. 22 M. D. | Native of Calvert | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living 1

~~Husband~~ Wife of Albert Skinner 22a

Father's Name Sandy Johnson Mother's Name Eliza Hurst

Cause of Death: Primary Cold from Exposure

Immediate Consumption of lungs

How long sick

~~Accident, Suicide, Homicide~~

Reported by Jas L. Tucker Undertaker

Address Bertha Md Cove Point P. O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Huggins only seen twice

of Bailie P.O. Calvert Co

Seen by Coroner We have no Coroner

of

Information contained in this certificate received

from the Mother of deceased

of Cove Point

Name in Full

Certificate of Death

Alice Maud Hunt (Kent)

Died at Town: Olivet P. O. County: Calvert MARYLAND

Date 189 9 Month: Sept Day: 29 | Age Y. 19 M. D. | Native of Calvert | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living none

Husband of
Wife

Father's Name: William P. Hunt

Mother's Name: Rosa Woodkins

Cause of Death:
- Primary: Cancer of Ovary
- Immediate: Phthisis complicated by intestine inflammation.

How long sick: 3 weeks 4 days.

Accident, Suicide, Homicide

Reported by Huggins M D

Address Bristol

46

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Edwards

of Bertha Colorado

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Sadie, Pilcher.

Certificate of Death 93

Died at Town Mutual County Carroll MARYLAND

Date 189 9 Month Sept. Day 13 | Age Y. 2 M. yrs D. | Native of Carroll | Occupation Child

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Jos Pilcher. Mother's Name Mrs Thornburg.

Cause of Death: Primary Colitis — How long sick 6 days

Immediate Hemorrhage

Accident, ~~Suicide, Homicide~~

Reported by P. Brown

Address Mutual Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898